WRESTLING PROMOTER REGISTRATION

(\$200 Filing Fee)

Name:			
Address:			
City:	State: Zip _		
Telephone: ()	Is this a renewal?	Yes	No
If you use any name other that the one	e given above, list it below and atta	ach an assumed r	name certificate.
It is agreed that the registration is not	transferable.		
1. Ownership of company making app	olication (check one):		
Sole Proprietorship: (3	State name and resident address of	owner.)	
Partnership: (State nat	me and resident address of all parts	ners.)	
<u> </u>	nme of corporation, if not shown al	bove and name,	title, and resident
address of each officer.) Limited Liability Conresident address of each office	npany: (State name of company, if er.)	not shown above	e and name, title and
2. Have any of the owners, officers or		the possession o	r use of narcotics or
dangerous drugs? If answer is yes, giv	e full particulars.		
Yes No			

3. Have you or your company be regulation, or by any other athle Yes No	<u> </u>	•	
4. Are you licensed in any other	r state? If answer is yes, wha	at state(s)?	
Yes No			
answers are true and correct. F application may result in suspen		ee that any misstatements	of a material fact in this
Signature of Applicant			
Printed Name & Title			
(Give the following information			signing registration.)
Social Security #			
Driver's License # & State			
Date of Birth:	Race:	Sex:	
**********	*********	*********	*****
Mail application, bond and filir	ng fee of \$200 to: Secretary of Statutory Docur		

Secretary of State
Statutory Documents Section
P. O. Box 12887
Austin, TX 78711